

# Expense Reimbursement Form



To be completed by Meeting Participant in BLOCK capitals or electronically. If completed electronically, the form must be printed and a hardcopy signed. For further guidance how to fill in this form, please refer to the Thank you letter email.

Country of Residence (please select before printing) **France** Date & Location of Meeting **GZBO Investigator Meeting EMEA 13-18 October 2024, Amsterdam**

Participant Name **POUGET MELANIE**

Participant Address **8 RUE MERCOEUR 63100 LEZOUX**

Local Transportation: **0,5 EUR/km, max amount of 300 EUR, NO GASOLINE**

Home to airport and back (44km) **EUR 22,000**  
Parking **EUR 45,000**  
x **EUR =**

Meals are not eligible for reimbursement

**EUR**

**Total amount: EUR 67**

## BANK Details for payment

Bank name **LA BANQUE POSTALE**  
Account Holder **POUGET MELANIE**  
IBAN/Account details **FR88 2004 1010 0308 1625 8U02 446**  
BIC/SWIFT **PSSTFRPPCLE**  
TAX ID- RPPS number or Siret/Siren **N/A**  
If none, please state N/A

**Lilly is unable to reimburse any personal expenses, such as mobile charges, minibar, or entertainment.**

Please ensure that all reasonable expenses, except for mileage claims, are accompanied by ORIGINAL RECEIPTS. It is acceptable to scan and email receipts.

PLEASE RETURN this form with your scanned receipts to the email address provided below. Your expenses will only be paid if this claim is satisfactorily completed, signed, and returned within 90 days of the meeting date.

[lilly\\_france\\_cms@lilly.com](mailto:lilly_france_cms@lilly.com)

## Privacy Notice and Consent

I confirm to the best of my knowledge and belief, all the information provided above is true and correct. I hereby give my consent for the use of my personal information, which includes my Basic Personal Details (Name, Address); Financial Information (Bank Account Information); Personal Contact Information (Email Address); and Travel & Expense Details (expense details), for the administration of our business processes, namely the Reimbursement of Expenses, in accordance with the conditions provided in the Privacy Statement below. Your PI may be transferred and processed by and between Eli Lilly and Company, its affiliates and wholly-owned subsidiaries and Third parties world wide.

For more information about Lilly's privacy practices, please refer to the Privacy Statement at

[Privacy notice](#)  
[France](#)

I acknowledge that I have received and had the opportunity to review the full privacy policy concerning how my personal information will be used by Lilly, what my rights are with respect to such processing, and have received information on how to contact Lilly should I have any questions regarding such processing. I understand that I have the right to withdraw my consent at any time by contacting Lilly using the information provided in the Privacy Statement. Withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal.

**POUGET Melanie**  
Name (printed)

**[Signature]**  
Signature

**30/10/2024**  
Date

## Lilly Administrative information - FOR OFFICE USE ONLY

Prism ID: **P02151877200** Cost Element **4870** Cost Centre **2000196**  
Mercury Meeting ID: **M-M252074NL24**

## RELEVÉ D'IDENTITÉ BANCAIRE

Ce relevé est destiné à être remis, sur demande de vos créanciers et débiteurs, français ou étrangers appelés à faire inscrire des opérations sur votre compte (virements, prélèvements...). Nous vous rappelons que les informations contenues dans votre RIB/IBAN sont de nature confidentielle, c'est pourquoi nous vous invitons à la plus grande vigilance avant leur transmission.

We remind you that the information contained in your RIB/IBAN is on confidential nature, and we thus strongly encourage you to be vigilant as regards its transmission.



## RELEVÉ D'IDENTITÉ BANCAIRE

### RIB - Identifiant national de compte

ÉTABLISSEMENT	GUICHET	N° COMPTE	CLÉ RIB	DOMICILIATION
20041	01003	0816258U024	46	LA BANQUE POSTALE CLERMONT FD CENTRE FINANCIER

### IBAN - Identifiant international de compte

FR88 2004 1010 0308 1625 8U02 446
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### BIC - Identifiant international de l'établissement

P S S T F R P P C L E
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### Titulaire du compte

MLE POUGET MELANIE OU  
MR BARTHOMEUF LAURENT  
8 RUE MERCOEUR  
63190 LEZOUX



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### Titulaire du compte

MLE POUGET MELANIE OU  
MR BARTHOMEUF LAURENT  
8 RUE MERCOEUR  
63190 LEZOUX

Aulnat, le **19 octobre 2024**

Tél : 04 73 62 70 64

Tél : 04 73 62 71 00

mail : [aeroport@aeroport-clermont.fr](mailto:aeroport@aeroport-clermont.fr)

**NOM : Mélanie POUGET**

**REÇU DE STATIONNEMENT**

	PRIX UNITAIRE	QUANTITE	MONTANT HT	T.V.A 20%	MONTANT TTC
Parking <b>P1</b>		1,00	37,50	7,50	<b>45,00</b>
<b>MOYEN DE PAIEMENT : CB</b>					
TOTAL			37,50	7,50	<b>45,00</b>

Société par Actions Simplifiées au capital de 37 000,00 Eur. - RCS CLERMONT-FERRAND 499 050 615 - N° TVA FR22499050615

Siège social : SEACFA / AÉROPORT CLERMONT-FD AUVERGNE - 1 rue Adrienne Bolland - 63510 AULNAT France